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or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>133</u>	
County of <u>Pima</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Claypool</u>	City of _____	Co. Registrar's No. <u>259</u>	
(No. _____) St. _____ Ward _____		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Lillie Thomas Lenora Harrington</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<u>20</u>
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>May 7</u> 19 <u>20</u>	Month	Day
Full Name <u>Walter Harrington</u>		Full Maiden Name <u>Lillie Barbara Mathewson</u>	
Residence <u>Claypool</u>		Residence <u>Claypool</u>	
Color or Race <u>White</u>	Age at last Birthday <u>38</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>32</u> Years
Birthplace <u>Nevada</u>		Birthplace <u>Utah</u>	
Occupation <u>Teamster</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 9:30			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>May 7</u> 19 <u>20</u> , at <u>P.</u> M.			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>J. H. Miller MD</u>	
Given or Christian name added from a supplemental report _____ 191__		Address <u>Miami, Ariz</u>	
385-507 - 345		7 H. <u>Claypool</u>	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>May 20</u> 19 <u>20</u>		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	